

Terry McGuire

SSN or EMPLOYEE NUMBER*

DEPARTMENT

State Controller's Office

POSITION

CB/ID No.

DIVISION or BUREAU

INDEX NUMBER

Deputy Controller - Investments

Executive Office

RESIDENCE ADDRESS *

HEADQUARTERS ADDRESS

TELEPHONE NUMBER

300 Capitol Mall, Suite 1850

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

Sacramento

CA

95814

CLAIM TOTAL	\$141.54
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Staff Controller at CalPERS offsite.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

0.555

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was [REDACTED] and that the [REDACTED] met the requirements, as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

CLA

DATE _____

DATE _____

(17)

TITLE (See Item 17 on reverse)

DATE _____